

Instructions for Monthly Report of Cigarette Wholesaler

Section I

This section is used to report the number of packages of unstamped and stamped cigarettes received and sold during the month.

Entries relating to unstamped cigarettes are made in the unstamped packages column. Cigarettes bearing Kentucky stamps are accounted for in column (a). If cigarettes are distributed into states other than Kentucky, resident wholesalers must enter the name(s) of the state in columns (b) and (c) with an accounting of the cigarettes stamped and distributed into each state. Nonresident wholesalers may omit columns (b) and (c). Column (d) is a total of columns (a), (b), and (c).

On line 1, list the number of unstamped and stamped packages of cigarettes in inventory as of the first day of the month. These amounts should be entered in their respective columns.

On line 2, list the total number of packages received during the month. Resident wholesalers itemize this total on the reverse side of the form in Schedule A. If only unstamped cigarettes are received, show the entire quantity in unstamped packages column. Enter cigarettes purchased with *stamps affixed* in column (a), (b) and (c).

On line 3, enter the total of lines 1 and 2 for both stamped and unstamped cigarettes in the respective columns.

On line 4, unstamped packages column, list the total unstamped packages stamped regardless of the state for which stamped. The amounts shown in columns (a), (b), and (c) must equal the amount shown in unstamped packages column as the cigarettes, when stamped, are transferred to the stamped column(s).

On line 5, unstamped packages column, list the total packages remaining unstamped (line 3 less line 4). In columns (a), (b), and (c), show the total of lines 3 and 4.

On line 6, list the total packages sold. If any tax-exempt cigarettes are sold, show the number of packages in unstamped packages column. Enter the amounts for each state in the respective column.

On line 7, if any cigarettes were returned to the manufacturer, list them in their respective column.

On line 8, show the remaining balance in each column (line 5 minus lines 6 and 7).

On line 8(a), enter the *actual* inventories of unstamped and stamped packages on the date of inventory taking.

If the amounts shown on lines 8 and 8(a) are different, *give an explanation*; attach a separate sheet if additional space is needed.

Section II

This section is used to report the quantities of stamps purchased and affixed during the month for each state. Nonresident wholesalers may omit all columns except column (a).

On line 9, enter the number of unaffixed stamps in inventory as of the first day of the month. Show quantities held for each state.

On line 10, enter the number of unaffixed stamps purchased during the month for each state.

On line 11, enter the total of lines 9 and 10.

On line 12, enter the number of stamps affixed during the month for each state.

On line 13, show the remaining balance in each column (line 11 minus line 12).

On line 13(a), enter the *actual* inventories of unaffixed stamps and the date of inventory taking. Date should be the same as line 8(a).

If the amounts shown on lines 13 and 13(a) are different, *give an explanation*; attach a separate sheet if additional space is needed.

Section III

This section is for the Cigarette Enforcement and Administration Fee.

All cigarette wholesalers and unclassified acquirers are required to report and pay a "Cigarette Enforcement and Administration Fee" for each package of cigarettes to which Kentucky tax evidence is affixed (KRS 365.390). The "fee" rate is established annually by the Secretary of Revenue.

On line 14, enter the total number of stamps affixed during the month for Kentucky. This should be the same number as in column (a), lines 4 and 12.

On line 15, compute the total fee due. Multiply line 14 by the current fee (\$0.001 through June 30, 2003). established annually by the Secretary of Revenue.

Schedule A

On page 2 of the form under Schedule A, resident wholesalers itemize all receipts of cigarettes. All columns **must** be filled in. Attach a separate sheet if space does not permit the listing of all individual receipts. Identify the receipt of stamped cigarettes with the symbol "S" after the entry including the name of the state for which the cigarettes had previously been stamped. Nonresident wholesalers may omit Schedule A.

Schedule B

List under Schedule B the names and addresses of all persons to whom Kentucky stamped cigarettes were sold on a "wholesaler" price basis during the month. List the name only once regardless of the times sales were made to that person.

Schedule C

List under Schedule C the names and addresses of all agencies and institutions to whom tax-exempt cigarettes were sold. Transfer the total of Schedule C to line 6, unstamped packages column on the front of the report.

Report of "Nonparticipating Manufacturer" Cigarettes Sold in Kentucky

This section is used to report the number of packages of cigarettes sold in Kentucky during the month from Nonparticipating Manufacturers of the Master Settlement Agreement.

The report is required to be filed by the 20th of the month along with pages 1, 2, and 3 of Form 73A420. Even if you did not receive any cigarettes to report, you are still required to file this report with "NONE" listed.

List the name and address of the manufacturer and brand name along with the total number of individual cigarettes (sticks) stamped and sold from packages affixed with a Kentucky Excise Tax Stamp.

Copies of invoices covering these shipments to you should be attached to the report.

Additional instructions are located on the form.

KRC mails a quarterly list of participating manufacturers to the wholesalers.

General Information

Records must be maintained by the wholesaler or unclassified acquirer to substantiate: (1) all receipts of cigarettes; (2) all purchases of tax evidence; and (3) all sales of both stamped and tax-exempt cigarettes.

The Monthly Report of Cigarette Wholesaler, Revenue Form 73A420, must be filed within 20 days following the end of each monthly reporting period. Failure to file all required portions, including page 4 will cause your report to be incomplete and you will incur late penalties and interest, until all required portions are completed.

IMPORTANT: This report shall include cigarettes in one size package. Different size packages require separate reports. Check applicable block for this report. Packages of ☐ 20's ☐ 25's ☐ Other _____

Reports must be signed and dated by an authorized party on the bottom of page 3.

If you need assistance call (502) 564-6823.

